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4 Document

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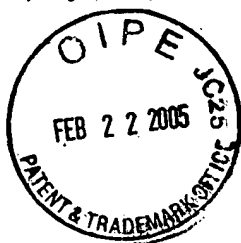
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000466

7590

11/19/2004

YOUNG & THOMPSON
 745 SOUTH 23RD STREET
 2ND FLOOR
 ARLINGTON, VA 22202



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/530,775

10/31/2000

Gilles Kremer

~~PCT/FR98/623~~
0557-1005

3432

TITLE OF INVENTION: METHOD FOR TRANSMITTING DATA AND IMPLEMENTING SERVER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

~~\$685~~ **\$700**

\$0

~~\$685~~ **\$700**

02/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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ELISCA, PIERRE E

3621

705-075000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **YOUNG & THOMPSON**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

02/24/2005 SBEND002 00000004 09530775

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Magic Axxess

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Puteaux, France

01 FC:2501

700.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **25-0120** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

(if necessary)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Benoit Castel*Date **February 22, 2005**

Typed or printed name

Benoit CASTEL, #Registration No. **#35,041**

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